

FY08-Clinical-003	PROGRAM BULLETINS	Effective Date: 12/1/07
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Supersedes Info Memo No :	Number of Pages: 2

Bulletin Number: FY08-Clinical-003	CLINICAL SERVICES BULLETIN	Effective Date: 12-01-2007
<input type="checkbox"/> New	Subject: Medication	Number of Pages: 2

1. Affected programs and consumers

- 1.1 All non-MO HealthNet eligible consumers in ADA contracted CSTAR, Enhanced Primary Recovery Plus and Primary Recovery Plus programs.

2. Explanation of required documentation to bill for medication

- 2.1 Documentation of the intervention in the consumer's record, which could be a copy of the prescription or a physician's order, and notation on the treatment plan of the treatment goal and medication intervention.
- 2.2 A financial receipt documenting the cost of the prescription in the consumer's record.

3. Reimbursement Rate

- 3.1 Service providers are required to use existing allocations to fund these services and service package dollar limits are unchanged. This will necessitate that providers, working within current allocations and service limits, provide a different blend of services from the available menu as appropriate for persons with co-occurring mental health and substance abuse disorders.
- 3.2 The reimbursement rate for medication is the documented cost of the medication.
- 3.3 There is not a set reimbursement rate for medication. The intent is to reimburse for the cost of medication for consumers who are not MO HealthNet eligible. These costs are deducted from the provider's contract dollars. The provider is expected to consider a cost versus benefit analysis in determining the best treatment interventions for the individual consumer. Documentation of this cost versus benefit analysis is not required for reimbursement.
- 3.4 Agencies may be reimbursed for medications listed in the contract amendment. The agency will be reimbursed for the documented cost of the medication. Comparison shopping or bidding medication supplies may save contract dollars and thereby maximize the number of consumers appropriately treated.

- 3.5 The Division limits reimbursement to prescriptions of thirty (30) days or shorter lengths of time. The Division does not place a limit on the number of times a prescription may be refilled. The provider is expected to identify the consumer's presenting problem and best practices to address the consumer's presenting problem through individualized treatment. In addition, the provider should consider short prescription time lengths to minimize waste associated with prescriptions that are lost or abandoned.